

How can we achieve inclusive mental health services for vulnerable migrants?

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Freedom from Torture and
the Greenhouse Practice Hackney

Who are vulnerable migrants?

They include:

- Asylum seekers and refugees
- Survivors of torture
- Separated children
- Roma, Gypsies and Travellers
- Trafficked adults and children
- Undocumented people
- People in forced labour
- Immigration detainees

Vulnerability

- Those adversely affected by circumstances leading to or resulting from migration
- Not an attribute of people themselves
- Resilience

Migration is associated with poor health outcomes for marginalised and socially disadvantaged populations

(Keating et al 2002, Migration Observatory Oxford, 2011)

“I feel excluded from everything. When you can’t do anything then you feel that life is not worth living”

The Poverty Barrier – The Right to Rehabilitation for Survivors of Torture in the UK
Freedom from Torture 2013

Psychological well-being

- Psychological distress common
- Importance of both past and present experiences
- Refugee status confers an overall increase in psychological ill-health (Porter and Haslam 2005)
- Not necessarily result of wartime stress
- Reflects the socio-political context

Factors contributing to vulnerability and ill-health in the UK

- Effects of immigration process - legal insecurity
- Poverty, homelessness and destitution (*forbidden to work, £5 support per day*)
- Unemployment / poor or unsafe working conditions
- Social isolation
- Racism, violence, intimidation (*destitute asylum seeking women vulnerable to violence in the UK* (Refugee Council 2012))
- Sexual violence

Barriers to health care

- Poor access to health services
- Restrictions on free health care
- Lack of culturally appropriate services
- Difficulties with communication
- Stigma, difficulties with building trust

“When you’re a refugee, your life is never complete. There is always part of your life that is missing and that part is home”

Sadil, a young refugee from Somalia

Significance of culture

- Recognise natural psychological reactions to highly unusual experiences
- Be cautious of over-medicalising what may be appropriate responses

Commissioning

- Statutory obligation to address health inequalities by Clinical Commissioning Groups and NHS England
- DoH Health Inclusion Board – addressing needs of vulnerable migrants *“Improving the health of the poorest fastest”*
- Guidance for Commissioning Mental Health Services for Vulnerable Adult Migrants (Fassil and Burnett 2015)
MIND, Pathway and the Health Inclusion Board, NHS England

Guidance for Commissioning Mental Health Services for Vulnerable Adult Migrants

(Fassil and Burnett 2015)

- Strategic Planning
- Commissioning services
- Monitoring and Evaluation
- Examples of Good Practice

Inclusive health services

- Migrant populations - diverse, less visible, poorly captured by data sets
- “Hard to reach..... or easy to ignore?”
- Joint Strategic Needs Assessment
- Service user involvement – co-production, partnerships
- MIND service users groups:
informed Guidance from outset
using guidance to engage with commissioners



Freedom from Torture

Medical Foundation for the Care of Victims of Torture

Partnerships

- “One stop shops” – statutory and voluntary sector
- Commissioning voluntary sector
e.g. Freedom from Torture –
seeing 1000 survivors each year
but 2000 – 6000 are in need of services
could expand services if funded
- Training
- Research and audit - improving accuracy of data

Enhance resilience

*“You (the torturer) can break my body
but you will not break my will”*

*Sangul, a Turkish Kurdish woman seen at the
Medical Foundation*

*“Help me to stand up and I will go on
fighting”*

*Theresa, a Latin American woman seen at the
Medical Foundation*

(Patel and Mahtani 2004)